

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027833

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 180

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 5 1963

1. PLACE OF DEATH

a. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Washington

Length of stay in lb
3 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY Franklin

c. CITY OR TOWN Lonedell Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Highway 47
Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Lula Clayton

4. DATE OF DEATH
Month Day Year
July 31, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/25/86

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Ellington, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Josiah Fox

13b. MOTHER'S MAIDEN NAME

Mary Paul

14. NAME OF HUSBAND OR WIFE

Fred C. Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Chas. Clayton

Address

Lonedell, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HEART VENTRICULAR FAILURE

INTERVAL BETWEEN ONSET AND DEATH

4 P.M.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIO-SCLEROTIC CV DISEASE

4 M.S.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

SPINAL FRACTURE OF HIP RECENTLY

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1963, to DEATH and last saw her alive on 7-29-63
Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

John F. Paul, M.D.

22b. ADDRESS

St. Clair, Mo.

22c. DATE SIGNED

8/1/63

23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/3/63

23c. NAME OF CEMETERY OR CREMATORY

Midlawn Gardens

23d. LOCATION (City, town, or county)

Union, Mo.

(State)

24. FUNERAL DIRECTOR

Casey-Lenox F.H.

ADDRESS

St. Clair, Mo.

25. DATE RECD. BY LOCAL REG.

8/3/63

26. REGISTRAR'S SIGNATURE

Lula C. Heidmann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300

Rev. 4/59

10345

20360

3

4 1

5 1

6

7 7

8 7

94221

10

11

12 2-0

13 5-0

AUG 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. M. Leno

Licensed Embalmer No.

3601

P. O. Address

St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.